DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 22847

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1102

**1. PLACE OF DEATH:**

(a) County St Louis

(b) City or town St Louis Rich Hgts (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community years, months or days) 11 A

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3830 Hartford St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Langford Taylor

3. (b) If veteran name war (498-09-6596) 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Julia Taylor 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 6 (Month) 1st (Day) 1868 (Year)

8. AGE: Years 72 Months — Days 6 If less than one day hr. min.

9. Birthplace Kimble (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Peter Shoe Co.

FATHER
12. Name John L. Taylor
13. Birthplace Rutherfordton (City, town, or county) N.C. (State or foreign country)

MOTHER
14. Maiden name Martha E. McCurry
15. Birthplace (City, town, or county) N.C. (State or foreign country)

16. (a) Informant's own signature Mrs J L Taylor

(b) Address 3830 Hartford St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6, 10, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Truth Center Mort

(b) Address 4024 Lindell Blvd

19. (a) JUN 10 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 7, year 1940 hour 12:50 A.M. minute M.

21. I hereby certify that I attended the deceased from June 5, 1940 to June 7, 1940 that I last saw him alive on June 6, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Peritonsillar Abscess | 7 days |
| Due to | |
| Due to | |
| Other conditions Coronary Thrombosis (Include pregnancy within 3 months of death) | 1 yr |

Major findings:
Of operations
Of autopsy Confirmed cardiac diagnosis

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Means of injury

23. Signature R. Russell (M. D. or other)

Address 415 Beaumont Bldg Date signed 6/8/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 16 1942

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John Fitton

Licensed Embalmer No. 3880

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**